




NON-COMPLIANCE REQUEST

1. AUDIT REPORT NO.	IAR-2022/004
2. NCR NO.	04

PART I - FINDING SECTION

3. COMPANY: GALAXY AEROSPACE (M) SDN BHD	4. AUDIT DATE: 24 JANUARY 2022
5. LOCATION: GAM HQ	6. AREA/SECTION: 145 - STORE & LOGISTIC
7. AUDIT TYPE: INTERNAL / SURVEILLANCE / VENDOR / PRODUCT / REGULATORY / CUSTOMER	
8. REFERENCE: PART 3-02 PARA 9.22 OF GAM&™S EPM ISS 2 REV 0 DATED 31 OCT 2021	9. LEVEL OF FINDING: <input type="checkbox"/> Level 1 - Require immediate actions <input checked="" type="checkbox"/> Level 2 - Rectify within 14 days
10. DETAILS OF NON-COMPLIANCE: The electrostatic sensitive components were found not stored on conductive racking which require grounding as stated in EPM 3-02 Para 9.22.	a. Signature 
	b. Name of Auditor Amira Zakaria
	c. Date 14 February 2022

PART II - ROOT CAUSE(S) / CORRECTIVE & PREVENTIVE ACTION(S)

11. ROOT CAUSE(S):

<input type="checkbox"/> No / Insufficient Manpower	<input type="checkbox"/> Facility	<input type="checkbox"/> Communication Issue
<input type="checkbox"/> No / Lack of Training	<input type="checkbox"/> No / Incomplete Records	<input checked="" type="checkbox"/> No / Inadequate Procedure
<input type="checkbox"/> No / Insufficient Tooling/Equipment	<input type="checkbox"/> No / Inadequate Maintenance Data	<input type="checkbox"/> Others (Specify): -

12. CORRECTIVE ACTION(S):

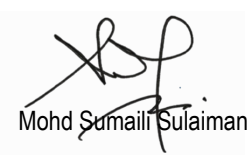
The ESDS procedure on EPM will be ammend to cater the requirement, Refer email attached

Target date: 17-May-2022

13. PREVENTIVE ACTION(S):

EPM will be ammended as per current practice

Target date: 17-MAY-2022

Auditee / Head of Dept (Name & Signature):  Mohd Sumaili Sulaiman

Reply Date: 20-Apr-2022



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14. NCR REVIEW

The proposed corrective/preventive actions: **ACCEPTABLE** **NOT ACCEPTABLE** New NCR raised with Rev No. _____
If not acceptable, state reason for rejecting the corrective action:

Auditor (Name & Signature):

Review Date:

15. NCR FOLLOW-UP AND CLOSURE

Remarks:

Auditor (Name & Signature):

Follow-Up Date:

NCR Status: CLOSED OPEN

Closure Date:

16. NCR ACKNOWLEDGEMENT

Remarks:

Quality Assurance Manager (Name & Signature):

Date: